

1 **DECLARATION, POWER OF ATTORNEY, AND PETITION**

2
3 As a below named inventor, I hereby declare that:

4 My residence, post office address and citizenship are as stated below next to my name.

5 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first
6 and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent
7 is sought on the invention entitled: METHOD AND APPARATUS FOR EXERCISING INTERNAL AND
8 EXTERNAL OBLIQUE MUSCLES the specification of which:

9 (check one) xx is attached hereto. _____ was filed on _____ as
10 Application Serial No. _____ and was amended on _____ (if applicable)

11 I hereby state that I have reviewed and understand the contents of the above-identified specification,
12 including the claims, as amended by any amendment referred to above.

13 I hereby acknowledge the duty to disclose information which is material to the examination of this
14 application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

15 I hereby claim foreign priority benefits under Title 35, United States Code §§ 119; 365 of any foreign
16 application(s) for patent or inventor's certificate listed below and have also identified below any foreign
17 application for patent or inventor's certificate having a filing date before that of the application on which the
18 priority is claimed:

19 **Prior Foreign Application(s)**

			Priority Claimed	
			Yes	No
<u>N/A</u>				
(Number)	(Country)	Day/month/year filed		
<u>N/A</u>				
(Number)	(Country)	Day/month/year filed		
<u>N/A</u>				
(Number)	(Country)	Day/month/year filed		

22
23
24
25 I hereby certify that this correspondence is being
26 deposited with the United States Postal Service as:

27 EXPRESS MAIL NO. ER 507 278 617 US

28 in an envelope addressed to:

ASST. COMMISSIONER OF PATENTS, PO BOX 1450

Alexandria, VA 22312-1450 on: December 2, 2003

 12/02/03

TOD R. NISSE, Reg. No. 29,241

DATE

BEST AVAILABLE COPY

1 I hereby claim the benefit under Title 35, United States Codes §120 of any United States applicati n(s)
2 listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior
3 United States application in the manner provided by the first paragraph of Title 35, United States Code §112,
4 I ackn wledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations
5 §156(a) which occurred between the filing date of the prior application and the national or PCT international
6 filing of this application:

10/035,995	12/31/01	PENDING
(Application Serial No)	(Filing Date)	(Status) (patented, pending, abandoned)

N/A		
(Application Serial No)	(Filing Date)	(Status) (patented, pending, abandoned)

10 I hereby declare that all statements made herein of my own knowledge are true and that all statements
11 made on information and belief are believed to be true; and further that these statements were made with the
12 knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,
13 under § 1001 of the United States Code and that such willful false statements may jeopardize the validity of the
14 application or any patent issued thereon.

15 And I hereby appoint:

16 Tod R. Nissle, Esq. Reg. No. 29,241
17 TOD R. NISSELE, P.C.
18 P.O. Box 55630
Phoenix, Arizona 85078

19 Tel: (602) 494-8700
20 Fax: (602) 494-8707
21 Email: nissle@nissle.com

22 my attorney and with full power of substitution and revocation, to prosecute this application and to transact all
23 business in the United States Patent and Trademark Office connected therewith.

24 Wherefor I pray that Letters Patent be granted to me for the invention or discover described and
25 claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification
26 and claims, declaration, power of attorney, this petition.

1 Full name of sole or first inventor: PETER SLOWINSKI
2 Inventor's signature: _____ Date: _____
3 Residence: 26411 North 114th Place, Scottsdale, Arizona 85255
4 Citizenship: UNITED STATES OF AMERICA
5 Post Office Address: Same
6
7 Full name of second inventor: N/A
8 Inventor's signature: _____ Date: _____
9 Residence: _____
10 Citizenship: UNITED STATES OF AMERICA
11 Post Office Address: Same
12

13
14 (Supply similar information and signature for third and subsequent joint inventors)
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Attorneys Docket No.: 1066-P-2

Applicant : **PETER SLOWINSKI**

Serial No. :

Filed : **Concurrently herewith**

For : **METHOD AND APPARATUS FOR
EXERCISING INTERNAL AND EXTERNAL
OBLIQUE MUSCLES**

BEST AVAILABLE COPY

1 Full Name: N/A

2 Address: _____

3
4 ☐ Individual ☐ Small Business ☐ Non profit Organization

5
6
7 Full Name: N/A

8 Address: _____

9
10 ☐ Individual ☐ Small Business ☐ Non profit Organization

11
12 I acknowledge the duty to file, in this patent, notification of any change in status resulting in loss
13 of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any
14 maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 C.F.R. 1.28(b)]

15
16 I hereby declare that all statements herein of my own knowledge are true and that all statements
17 made on information and belief are believed to be true; and further that these statements were made with the
18 knowledge that willful false statements or the like so made are punishable by fine or imprisonment, or b th,
19 under §1001 to Title 18 of the United States Code, and that such willful false statement may jeopardize the
20 validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

1 Name of Inventor: PETER SLOWINSKI
2 Address: 26411 North 114th Place
3 Scottsdale, Arizona 85255
4 Signature: _____
5 Date: _____
6
7
8 Name of Inventor: N/A
9 Address: _____
10 _____
11 Signature: _____
12 Date: _____
13
14 Attorney's Docket No.: 1066-P-2
15
16 Tod R. Nissle, Esq.
17 Reg. No. 29,241
18 TOD R. NISSLE, P.C.
19 P.O. Box 55630
20 Phoenix, Arizona 85078
21 Tel: (602) 494-8700
22 Fax: (602) 494-8707
23 Email: nissle@nissle.com
24
25
26
27
28